

1952 OCT 14

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34004

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>162</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> c. LENGTH OF STAY (in this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> d. STREET ADDRESS (If rural, give location) <u>328 South Cedar St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Inwood</u> c. (Last) <u>Inwood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 28 1899</u>		9. AGE (in years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u> Hours <u>15</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public school</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sheldon Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>William Wilhite</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Goodnight</u>		14. NAME OF HUSBAND OR WIFE <u>O. E. Inwood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Wardin</u> ADDRESS <u>Nevada Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Breast</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> <u>170X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>Several years</u>	
19a. DATE OF OPERATION <u>about 7 yrs ago</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma R. Breast</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>July 7, 1952</u> to <u>Sept 17, 1952</u> , that I last saw the deceased alive on <u>Sept 17, 1952</u> and that death occurred at <u>10:45 pm.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Love</u> (Degree or title)				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>Oct 1, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-11-52</u>		REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest J. Schaefer</u> ADDRESS <u>Sheldon Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1087

MAR 11 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Percy F. Webster  
Licensed Embalmer No. 4805

P. O. Address Yonkers, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.